



Partnering With Hospitals and the American Heart Association in Secondary Prevention of Coronary Artery Disease

Producing Results

Twenty-six hospitals in major metropolitan and rural areas in all five regions of Kentucky have adopted a secondary prevention program proven effective to improve management of patient care.

Public Health Problem

In Kentucky, heart disease and stroke account for 37 percent of all deaths; 30 percent of people die of heart disease, and 7 percent die of stroke. According to the Kentucky State of the Heart 2000 report, about 40 percent of all hospitalizations in the state are due to heart disease and stroke, resulting in hospital costs exceeding \$863 million in 2000.

Taking Action

The Cardiovascular Health Program of the Kentucky Department of Public Health partnered with the American Heart Association Kentucky Affiliate, the Kentucky Hospital Association, Healthcare Excel, and the American College of Cardiology to improve management of patient care. The partners used the American Heart Association's program, Get With the Guidelines - Coronary Artery Disease, to improve outcomes for patients in acute care settings. In April 2003, a statewide training program was launched in Lexington, and 142 people from 57 hospitals across the state participated. The state Cardiovascular Health Program provided funds, to cover the training costs and the annual fee for the Patient Management Tool, for hospitals starting the program by June 2003. Twenty-six hospitals in major metropolitan and rural areas in all five regions of Kentucky are conducting this secondary prevention program. Regular technical assistance is provided through telephone conference calls to the participating hospital teams by the American Heart Association, the state Cardiovascular Health Program, and the project's information technology manager.

Implications and Impact

These partners shared the vision of reducing deaths, disability, and recurrent heart attacks among patients with coronary artery disease and successfully collaborated to put in place secondary prevention guidelines in hospitals across Kentucky. By uniting and leveraging their strengths and resources, each organization contributed to the development of a hospital-based infrastructure for quality improvement that focuses on protocols to ensure that patients are treated and discharged with appropriate medications and lifestyle counseling. The impact of this intervention is being evaluated by assessing the compliance with secondary prevention measures. As more acute care hospitals across the state launch quality-improvement programs, illness and deaths from heart disease and stroke are expected to decline.

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